

MONTHLY

DISPOSAL QUANTITY REPORTING
FOR USE BY SOLID WASTE STATION AND NON-DISPOSAL FACILITY OPERATORS
ORIGIN SURVEY

(For use only by receiving facilities located in Los Angeles County)

Reporting Month and Year:

Station Name: Station SWIS No.:

Station Address: _____

Station Contact Person: _____ Signature: _____

Phone No.: _____ - _____ - _____

Frequency of Survey (Check one only): Daily ☐ Other ☐ (attach explanation)

Methods used to determine jurisdiction of origin:

☐ origin obtained from hauling company records☐ origin obtained from other facility operators

☐ origin obtained from haulers at gatehouse

☐ other

NAME OF JURISDICTION OF WASTE ORIGIN AND TONNAGE

J=Jurisdiction U=County Unincorporated Area (Indicate one)

Facility Type

- ☐ Transfer/Processing Facility
 - ☐ Source separated
 - ☐ Mixed/commingled
- ☐ Compost
- ☐ C & D/Inert Debris
- ☐ Other_____

[illegible]

Notes:

1. This form should be used by all Solid Waste Station and Non-disposal Facility owners/operators operating in Los Angeles County.
2. No later than two and a half months after the end of each calendar quarter, the Solid Waste Station and Non-disposal Facility owner/operators shall complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, P.O. Box 1460, Alhambra, CA 91802-1460. **1-800-320-1771**
3. "Solid Waste Station" and "Non-disposal Facility" denote all transfer or processing stations, material recovery facilities, composting facilities and construction & demolition/inert waste processing facilities as permitted by the applicable Local Enforcement Agency and/or the California Integrated Waste Management Board, and do not include disposal (landfill and transformation) facilities.
4. A copy of this form must be retained by the Solid Waste Station and Non-disposal Facility owner/operator for a period of three years. This form must be made available for review upon request during business hours.